

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mail piece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>DAVID J. MALANDRINO</i></p> <p>C. Date of Delivery <i>MAR 30 2012</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below: <i>4:11 cv 731 (22)</i> <i>4:11 cv 793 (19)</i></p>	
<p>1. Article Addressed to:</p> <p><i>David E. Mack</i> <i>7720 McCallum Blvd.</i> <i>No. 2099</i> <i>Dallas, Tx 75252</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7010 2780 0000 9134 9957</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540